

Medicaid For People Who Need Long-Term Care

- *in their homes*
- *in a community residence*
- *in a nursing home*

Long-Term
Care

Aging and Adult Services Administration
Washington State Department of Social and Health Services



Non-discrimination

DSHS may not deny eligibility or delivery of services strictly on the grounds of age, sex, marital status, race, creed, color, religion, national origin, or the presence of any sensory, mental, or physical handicap. If you believe that you or someone you know has been discriminated against, talk to the HCS Regional Administrator or contact the DSHS Office of Equal Opportunity or the local Human Rights Commission.

Introduction

This brochure is for people who need help paying for their long-term care.

You can receive long-term care services in your own home or in residential settings. Residential settings include adult family homes, nursing homes, and facilities which provide assisted living care, adult residential care, and enhanced adult residential care. (See page 3 for more information about these residential settings.)

If you need help paying for long-term care services and you are age 18 or older, you can apply for Medicaid at your local Home and Community Services (HCS) office.

*The map on the back of this brochure shows toll-free regional numbers you can call to learn the telephone number of **your** Home and Community Services office.*



What is Medicaid?

HCS = Home and Community Services, a division of Aging and Adult Services Administration, Department of Social and Health Services.

Home and Community Services works in partnership with Information and Assistance Offices. The Information and Assistance Office can help you find other community services to meet your needs. Look for them in the Yellow Pages of the telephone directory under "Senior Citizens" or "Disabled Persons".

Medicaid is a program that uses both state and federal money to help you pay for medical services. It can pay for services in your own home or in residential settings. It is for people of all ages who have limited **income** and **resources** (such as savings or property).

How to apply for Medicaid for long-term care

If you are 18 or older you, or someone acting for you, can apply for Medicaid at an HCS office in person, by telephone, or by mail. See the back of this booklet to find the nearest HCS office. Here are the steps to take:

1. Call or visit the Home and Community Services office. Tell them you would like to apply for Medicaid to help pay for long-term care. The application form can be mailed to you, or you can pick one up at the HCS office.

2. If you need help filling out forms or providing information, contact your local Home and Community Services office.
3. If you have an emergency, tell the person who answers the phone about your situation.
4. You can complete the application process in your own home, an HCS office, by mail, or by telephone. Remember, call the regional number on the back of the brochure to find your HCS office number. The map will show you which region you live in.
5. Complete the application form. Follow the instructions and answer all the questions on the form. You will talk to a Financial Services Specialist as part of the application process. At that time you can explain in detail the answers on your application form.
6. Find out from the Financial Services Specialist his or her name and phone number, and keep that information handy.

Some definitions....

Adult Family Homes are residential homes licensed to care for up to six residents. They provide room, board, laundry, necessary supervision, assistance with activities of daily living, personal care, and social services. Some may have nursing services.

Assisted Living offers private apartments; this service emphasizes privacy, independence, and personal choice. Services include meals, laundry, personal care, medication assistance, limited supervision, organized activities, and limited nursing services.

Adult Residential Care (ARC) facilities are licensed boarding homes. They provide room and board, laundry, and help with medications and personal care. Residents may receive limited supervision.

Enhanced Adult Residential Care offers the same as ARC with the addition of limited nursing care.

Nursing homes provide 24-hour supervised nursing care, personal care, therapy, supervised nutrition, organized activities, social services, room, board, and laundry.

To find a listing of facilities in your county, visit
www.aasa.dshs.wa.gov

7. If you can't provide all necessary information during in-person, mail, or phone interviews, you will receive a letter telling you what you still need to provide. If you need help getting the necessary information, contact your Financial Services Specialist or HCS social worker.

Try to get the information to the Financial Services Specialist by the requested date. If you need more time, let your Financial Services Specialist know.

8. If you are applying for someone else, be sure that the applicant has signed a release giving you permission to represent them during the application process. Be prepared to answer questions about the person's personal and financial situation. You will need to have information about his or her income, resources, and medical expenses.

During the application process a social worker will visit you to assess your care needs. Be sure to keep her or his name and phone number.

Information you may need to provide includes:

- Social Security card
- Medicare card
- Proof of identification
- Income proof (such as pay stubs)
- Documentation of resources (such as bank statements, property tax statements, life insurance)
- Immigration or alien documents

Do not be afraid to ask questions. Be sure you get answers to your questions. Write down the answers for your use in the future. Write down the names of people you talk with, in case you need to call back.

Interpretive Help

If you or someone you know has a language or other communication barrier which makes it difficult to understand or obtain medical care, please ask your HCS staff for help.



Income and resources eligibility limits

Do you really need nursing home care? With the proper support, you may not need to go to a nursing home. Before you enter a nursing home, you should meet with a Home and Community Services social worker or nurse. She or he will talk with you, assess your care needs, and help you decide what is best for you.

Both your income and resources must be within limits set by law. These limits change each year. The HCS office will have this information.

In a residential setting or in your home

To receive Medicaid for long-term care services in your own home or in a residential setting such as an adult family home, adult residential care, enhanced adult residential care, or assisted living facility, you must meet various income eligibility requirements. Be sure the service you choose will accept payment from Medicaid.

In a nursing home

Most nursing homes accept payment from Medicaid, but some do not. If you are considering a particular nursing home, ask them if they accept Medicaid payments.

Income

Medicaid income limits vary depending on the services you may need, your living situation, and your marital status.

If you receive Medicaid, part of your available income may go to your spouse, in order to bring your spouse's income up to standards established by the Federal government. Part of your available income may go to your spouse to support dependent relatives living with your spouse. This spousal allowance depends on the program, your needed services, and your living situation.

If you live at home, DSHS will designate some amount of income you can keep for home maintenance (such as rent, utilities, and taxes) and personal needs. If you are in a nursing home and receiving Medicaid, you can keep some of your income for your personal needs. If you are in a residential setting such as an adult family home, adult residential care, or assisted living facility, the amount you can keep varies, depending on the program.

If you will be staying in a nursing home a short time, you may be able to keep additional income to help maintain your home for your return. Ask about the "Housing Maintenance Exemption".

Participation

If your care is paid for by the State, you will keep some of your income for living expenses. The amount you keep varies depending on your situation. If you are married, some income may go to your spouse.

The rest of your income is paid toward the cost of your care; this is called your participation.

Resources

Federal law states that certain gifts or transfers made to qualify for Medicaid are subject to penalties. State law also contains penalties for the person who receives resources which are transferred for less than adequate compensation.

Resources include money, assets, or property that are available to pay for your care. Examples include cash, bank accounts, stocks and bonds, retirement plans, trusts, life insurance policies, sales contracts, vehicles, and land.

You must declare all resources. All resources of both spouses will be considered together to determine eligibility. Certain “exempt” resources are not counted toward the resource limits. Exempt resources can include your home, household goods and personal effects, some real estate sales contracts, a car, life insurance with a face value not more than \$1,500, burial plots, and most prepaid burial plans.

The resource limits vary depending on your marital status and other factors. Be sure to ask when you apply.



Transferring resources

Under state and federal law, the state must review transfers of resources that take place before the date that you apply for Medicaid. We will look back 60 months for transfers into trusts and 36 months for all other transfers. If you did not receive fair market value for the resource, you may not be eligible to receive Medicaid for a period of time after making the transfer.



You can transfer your home without penalty only to your:

- spouse;
- sibling who has an equity interest in the home and who has lived there at least one year immediately before the date of Medicaid eligibility;
- dependent child who is under 21 years of age;
- child who is blind or disabled; or
- adult child who has lived with you and provided care to allow you to remain at home for the past two years.

*Medic**AID** and Medic**ARE** are NOT the same:*

- ✓ *There are no income or resource requirements for Medic**ARE**.*
- ✓ *For Medic**AID** you must meet income and resource eligibility.*

*Sometimes a person may enter a nursing home with **Medicare** payment. When Medicare no longer pays for care, the resident can apply for **Medicaid** to help pay the cost of long-term care.*

If you need help, you can talk to an attorney who understands Medicaid rules. Your local Information and Assistance Office can help you locate legal assistance. Their phone number is in the telephone directory Yellow Pages under “Senior Citizens” or “Disabled Persons”.

Department of Social and Health Service (DSHS) employees are not able to give you personal, financial or legal advice, but staff can explain the rules. They will recommend that you consult an attorney if you need help with a decision.

What to expect when your application is approved

When your application has been approved, you will get a letter saying that you are approved for Medicaid coverage for your care. You may get two letters, one from your financial worker and one from your social worker.

The letter, or letters, will tell you how much of your income you may keep for your personal needs, what is allowed for spousal support, home maintenance allowance, medical insurance premiums, and necessary medical expenses not covered by Medicaid. The letter will also tell you how much you must pay to participate in the cost of your care. You must pay these participation costs. The amounts will depend upon the services you receive, your marital status, and your income.

If you are eligible for Medicaid, you will receive a Medicaid Identification Card on the first of each month. It pays for medical services covered under Medicaid (for example, prescription medications, doctor visits, eye glasses, and dental services.) It also covers medical services not provided by a nursing home or residential setting.

DSHS will review your financial eligibility to receive benefits at least once a year.



Recovery of Medicaid funds from your estate

If you have more questions about estate recovery, please consult an attorney who has experience with Medicaid. You can also contact Coordinated Legal Education, Advice, and Referral toll-free at 1-888-201-1014. They have a web site in English and Spanish at www.nwjustice.org.

By law, the state must recover payment for certain long-term care benefits and medical services the recipient received prior to their death. This payment is taken from the recipient's estate (resources owned at the time of their death). This payment is called estate recovery. Estate recovery does not occur until after the recipient's death.

Recovery is deferred while there is a surviving child who is 20 years old or younger or who is blind or disabled. Recovery is also deferred until the death of the surviving spouse. Hardship provisions to protect dependent heirs may apply.

Collection only applies to property the Medicaid recipient owned or had an interest in at the time of death. It does not apply to property solely owned by a spouse or child.

DSHS may file a lien or make a claim against any property which is included in the deceased recipient's estate. Before filing a lien against real property, DSHS will give notice and

an opportunity for a hearing to the estate's personal representative, the decedent's surviving spouse, or any other established titled owner of the property.

Various exemptions have existed over the years. DSHS will apply whatever estate recovery law existed on the date that benefits were received.

Washington State will recover funds from the following:

- Estates of recipients age 55 or older for the following long-term care services: nursing homes services, Medicaid personal care services, adult day health and private duty nursing or COPES. The state will also recover costs of medical services for people receiving long-term care services.
- Estates of people who receive any state-funded services (such as chore services, adult family homes or adult residential care). These are collected without regard to the age of the recipient. Also recovered are costs of state-funded hospital care and prescription drugs.

Resident Personal Funds held by a Facility

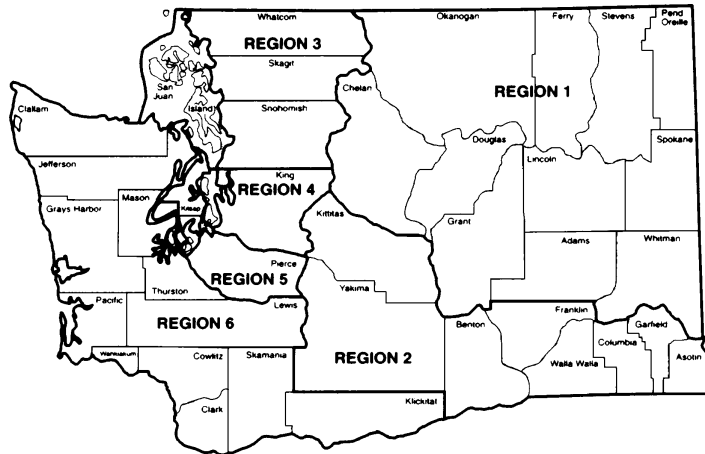
If a nursing facility or community long-term care facility holds any personal funds of a resident who dies, it must, within 45 days, give the funds to:

- *The individual or probate jurisdiction administering the resident's estate,*
or
- *The Office of Financial Recovery. This office may release funds to pay for burial costs.*



Home and Community Services Regional Offices

See map to find the region you live in. Call the number listed for your region.



Region 1 1-800-459-0421
Spokane, Grant, Okanogan, Adams,
Chelan, Douglas, Ferry, Lincoln, Stevens,
Whitman, and Pend Oreille Counties

Region 2 1-800-822-2097
Yakima, Kittitas, Benton, Franklin, Walla
Walla, Columbia, Garfield, and Asotin
Counties

Region 3 1-800-487-0416
Snohomish, Skagit, Island, San Juan, and
Whatcom Counties

Region 4 1-800-346-9257
King County

Region 5
Pierce County 1-800-442-5129
Kitsap County 1-800-422-7114

Region 6 1-800-462-4957
Thurston, Mason, Lewis, Clallam,
Jefferson, Grays Harbor, Pacific,
Wahkiakum, Cowlitz, Skamania,
Klickitat, and Clark Counties



**Aging and Adult Services
Administration**
P.O. Box 45600
Olympia, Washington 98504-5600
Toll-free **1-800-422-3263** or
TDD 1-800-737-7931
TDD: (360) 493-2637

This booklet and many other
DSHS/AASA publications and materials
can be found on the Aging and Adult
Services Administration website:
www.dshs.aasa.wa.gov

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